

REQUEST FOR DRIVING RECORD

School District Name and No. _____

Contact Person _____ **Phone** _____

Address to which driving records should be mailed _____

OR

Faxed _____

TO: Idaho Transportation Department - Driver Services
PO Box 7129; Boise, ID 83707-1129
Ph #: 334-8736

Fax #: 334-8739

Per the *Memorandum of Understanding with State Department of Education* we request that driving records for the following pupil transportation personnel be furnished at no charge to the school district:

[illegible]

[illegible]